

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560962

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		1				
13		1				
14		1				
15		1				
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		2				
25		1				
26		2				
27		3				
28		1				
29			1			
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
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41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						